## **Transit Consumer Complaint/Comment Report**

Complaint, Grievance & Appeal Process Policy & Procedures
Deviated Fixed Route

(Please Read the Following Complaint, Grievance & Appeal Process Policy & Procedures below)
(Please Print Clearly)

| Consumer/Complaints Name  |                         | Address |       | City/State/Zip Code |        | Telephone No. |
|---|-------------------------|---------|-------|---------------------|--------|---------------|
|   |                         |         |       |                     |        |               |
| Today's   | Date & Time of Incident |         | Route | Bus No.             | ADA Re | elated        |
| Date  |                         |         |       |                     | Non AD | A Dalatad     |
|   |                         |         |       |                     | Non AD | A Related     |
| Driver's Name and/or Description  |                         |         |       |                     |        |               |
| Nature of Complaint/Comment   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
|   |                         |         |       |                     |        |               |
| Consumer/Complaint's Signature  |                         |         |       |                     |        |               |
| For a complaint to be acted upon, it must be documented in writing with the complainant's signature and address. The initial complaint, whether verbal or written, should be directed to the Transit Director with ten working days.  |                         |         |       |                     |        |               |
| Forms are available on all vehicles, the City's website (www.Valpo.us) and at Valparaiso City Hall, 166 Lincolnway, Valparaiso, IN 46383.   |                         |         |       |                     |        |               |
| If the complaint is against the service of an employee of a Valparaiso contractor, the complaint will be forwarded to the General Manager, or responsible person for the contractor for investigation and disposition. The responsible person for the contract will respond to the complaint, if required, within thirty days, to the City of Valparaiso to forward to the complainant. A copy of the disposition of the complaint will be kept on file at City Hall. Disciplinary action taken upon a contracted employee is subject to the contractor's personnel policy, and the provisions of the service contract. Should the complainant not be satisfied with the resolution of the complaint, an appeal can be made to the Transit Director and then to the City of Valparaiso's, City Administrator, 166 Lincolnway, Valparaiso, IN 46383. |                         |         |       |                     |        |               |
| Alternate formats available upon request. If you require assistance completing this form please call: (219) 462-1161.   |                         |         |       |                     |        |               |